



## FR-147 Statement of Person Claiming Refund Due a Deceased Taxpayer



Deceased's first name.  Deceased's social security number  Deceased's social security number  Deceased's social security number  Deceased's social security number  M.I. Last name  Ver Find raths  M.I. Last name  City  State zip code 14  City  State zip code 14  City  State zip code 14  Statement of Claimant  Your relationship to the deceased  Fill in only one: Spouse/domestic partner Administrator Executor  Other N Specify  Did the deceased leave a will? Yes No  Has an executor or administrator been appointed for the estate? Yes No  Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No  Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No  Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No  Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No  Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No  Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No  Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No  Has an executor or administrative according to the laws of the state where the deceased was a legal resident? Yes No  Has an executor or administrative according to the laws of the state where the deceased was a legal resident? Yes No  Has an executor or administrative according to the laws of the state where the deceased was a legal resident? Yes No  Has an executor or administrative according to the laws of the state where the deceased was a legal resident? Yes No  Has an executor or administrative according to the laws of the state where the deceased was a legal resident? Yes No  Has an executo	mportant: Print in CAPITAL letters using b	DIACK INK.	
Deceased's social security number  Date of death (MM/DD/YY)  Your First name  M.I. Last name  Your home address (number and street)  City  State  Zip code +4  Statement of Claimant  Your relationship to the deceased  Fill in only one:  Spouse/domestic partner Administrator Executor  Other P Spocify  Did the deceased leave a will? Yes No  If no, will one be appointed? Yes No  Will you pay ut the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No  If no, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled, under DC law, to receive the refund.  If other than the deceased, who paid deceased's 2009 DC income tax?  Name  Claimant's SSN  Relationship to deceased  Signature I request a refund of DC income tax overpaid by or on behalf of the deceased. Under penalties of law, I declare that I have examined this claim and, to the best of my knowledge, it is correct.  Your signature  Date  Attach this form to the deceased's D-40 along with a copy of the death certificate or other proof of death.	Personal information		
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